

APPLICATION FOR BUSINESS LICENSE FOR THE CALENDAR YEAR 2009

CITY OF ABBEVILLE
100 COURT SQUARE
P.O. BOX 40
ABBEVILLE, SC 29620
864-459-5017



This Application is for new businesses within the City of Abbeville.

BUSINESS NAME _____

MAILING ADDRESS _____

PHONE: _____

LOCATION: _____

BUSINESS CLASS: _____

BUSINESS DESC: _____

LICENSEE/OWNER: _____

CREDIT CARD AUTHORIZATION

() VISA () MASTERCARD

AMOUNT\$ _____

CARD # _____ EXP. _____

DATE _____

TAX ID NUMBER or
SSN Number: _____

OWNERSHIP TYPE: _____

Individual
Partnership
Corporation

Calculation of License Fee Based on Rate Class

1. Minimum Fee For Class Rate

Estimated Gross Receipts for 2009 \$ _____

- \$ 2,000.00 = _____

+ \$ 1,000.00 _____

_____ X _____

FOR OFFICE USE ONLY

RATE

LICENSE FEE

Licensee/Owner Signature

Title

Date

Responsible Person/Manager

Title

Date

Applicant Signature

Title

Date